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PRINTED: 04/15/2009  
FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2969HOS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/12/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST ROSE DOMINICAN HOSPITAL-SIENA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3001 ST ROSE PARKWAY HENDERSON, NV 89052</b>		
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S 000	<p><b>Initial Comments</b></p> <p>This Statement of Deficiencies was generated as the result of a complaint investigation survey conducted at your facility on 03/12/09.</p> <p>The state licensure survey was conducted in accordance with Chapter 449, Hospitals, adopted by the State Board of Health December 11, 1998 last amended September 27, 1999.</p> <p>The following complaints were investigated.</p> <p>Complaint #NV00016690 - Unsubstantiated Complaint #NV00018390 - Unsubstantiated Complaint #NV00016766 - Unsubstantiated Complaint #NV00018697 - Unsubstantiated Complaint #NV00017875 - Unsubstantiated Complaint #NV00017917 - Unsubstantiated Complaint #NV00017114 - Substantiated without deficiencies Complaint #NV00016734 - Substantiated without deficiencies Complaint #NV00018510 - Substantiated without deficiencies Complaint #NV00020734 - Substantiated (Tag # 0153)</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified.</p>	S 000		
S 153 SS=D	<p><b>NAC 449.332 Discharge Planning</b></p> <p>11. The patient, members of the family of the</p>	S 153		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6200

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If continuation sheet 1 of

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S 153	<p>Continued From page 1</p> <p>patient and any other person involved in caring for the patient must be provided with such information as is necessary to prepare them for the post-hospital care of the patient. This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to ensure the patient and members of the family involved in caring for the patient were provided with discharge instructions necessary to prepare them for post-hospital care. ( Patient # 1)</p> <p>Findings include:</p> <p>A Physicians Discharge Summary dated 01/19/09, indicated the Patient #1 was a 61 year old male with a known history of vascular disease. The patient had a previous left popliteal bypass surgery in October of 2006 and right popliteal bypass surgery in December of 2006. The patient presented to the emergency room at the facility on 01/13/09 complaining of an aching sensation in the left lower extremity. The patient was diagnosed with an occlusion of the left femoral popliteal graft and rhabdomyolysis. The patient was started on TPA (tissue plasminogen activator) and the graft occlusion improved. The patient was treated with Heparin and Coumadin anticoagulant medication. The patients circulation improved through the left lower extremity.</p> <p>The Physicians Discharge Plan dated 01/19/09 included plans to continue the patient on Coumadin and Aspirin for 6 months and Plavix and Aspirin for 6 months, then continue with Aspirin indefinitely. The patient was to be discharged home with Lovenox and Coumadin. (anticoagulant medication) The patient required daily lab INR (international normalized ratio) checks until the INR was greater than 2. ( INR</p>	S 153	<p><i>How the corrective action(s) will be accomplished for those found to have been affected by the deficient practice?</i></p> <p>All patients who are discharged from IMC on anticoagulation therapy will have the following interventions:</p> <p>During hospitalization, patients receive specific written education related to anticoagulation therapy provided. This education will be documented in the medical record by pharmacy or designated healthcare provider. (Implemented 2/09).</p> <p>Case Managers will discuss with patient and/or family member how to access provider network services upon discharge (lab services, as indicated). This discussion will be documented in the medical record. To ensure patient choice and to avoid any financial out of pocket expense for the patient, the insurance carrier will direct patients to the appropriate covered entity. (Case Management Education 4/23/09)</p> <p>Nursing Staff upon discharge will make copies of physician prescriptions given to patient and place in the medical record. (IMC Nursing Education 4/24/09).</p> <p>Additional Interventions:</p> <p>The phone numbers for patients to use upon discharge are answering service numbers. This is per request of the physician Hospitalists. This issue will be presented to the Medical Executive Committee in May 2009 for discussion.</p>	

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S 153	<p>Continued From page 2</p> <p>therapeutic normal values 2 to 3.5)</p> <p>A Pharmacy Warfarin Intervention Note dated 01/19/09 at 6:59 AM, indicated the patient was on day 4 of Warfarin (Coumadin) therapy. The patients INR was subtherapeutic at 1.21.</p> <p>Physician Order dated 01/19/09 at 10:54 AM, documented " Please arrange for home Levenox 1 mg/kg SQ (1 milligram per kilogram subcutaneously) for 2 to 3 days."</p> <p>A Case Management Note dated 01/19/09 at 10:54 AM, indicated "Met with patient to introduce self and update on plan of care. Noted that patients INR was 1.21 today and MD has written order for case manager to arrange Levenox. Patient is ambulating independently and wife is a nurse, thus patient stating he does not need home health care. Call placed to Physician #1 to discuss plan of care. MD stated that patient may be discharged home today. Patient will need Levenox 1mg/kg SQ BID ( 1 milligram per kilogram subcutaneously twice a day) for 2 to 3 days and patient can follow-up with Quest lab for INR monitoring. Will fax order to prime pharmacy and up-date patient once insurance has been verified."</p> <p>Physician Discharge Orders dated 01/19/09 at 11:20 PM, included:</p> <ol style="list-style-type: none"> <li>1. Discharge pt home today.</li> <li>2. Levenox 1 mg/kg SQ BID until INR 2.0</li> <li>3. Coumadin 5mg PO QD (by mouth every day)</li> <li>4. ASA 81 mg PO QD</li> <li>5. Restoril 15 mg PO at HS ( at bedtime)</li> <li>6. Lortab 7.5/500 mg PO Q 6 hrs PRN pain. (when needed)</li> <li>7. Follow-up with Physician #2 in 2 to 3 weeks.</li> </ol>	S 153	<p>A System Discharge Task Force is being created. Initial meeting is planned for 4/27/09. The task force is comprised of Chief Nurse Executives, Nursing Directors, and Case Management. The focus is to review all discharge policies, discharge practices, and discharge documentation. Timeframe for completion is to be determined.</p> <p><i>How the facility will identify others having the potential to be affected by the same deficient practice?</i></p> <p>All patients on anticoagulation therapy have the potential to be affected by this practice. The action plan will apply to all IMC patients who are discharged on anticoagulation therapy.</p> <p><i>What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur?</i></p> <p>Case Management Education – 4/23/09 IMC Nursing Staff Education – 4/24/09</p> <p>Pharmacy has developed a tracking tool to identify patients on IMC who are on anticoagulation therapy. (Implemented 2/09)</p> <p><i>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur?</i></p> <p>Concurrent discharge chart review will include audits for the presence of pharmacy documentation of education, case management documentation of network provider services, presence of nursing discharge instructions, presence of any physician prescriptions given to patient at time of discharge. (Implementation 5/1/09).</p>	

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S 153	<p>Continued From page 3</p> <p>A facility Patient/Family Discharge Instruction form dated 01/19/09 indicated the patient was to make an appointment with Physician #1, in 1 week and Physician #2, in 2 to 3 weeks. Under Special Equipment/Services: Home Levenox. Other Instructions: "No heavy lifting". Wound/Incision Care: "Right groin keep clean and dry. Pat dry after shower."</p> <p>The phone number written on the Discharge Instruction form the patient was to call for a follow-up appointment with Physician #1, was to a medical services answering service. The operator who answered reported the above listed number was only used to page the physician for in-patient hospital and not for out patient services. The operator indicated a patient discharged from the hospital should have been provided the medical services corporate office phone number. On 03/24/09 at 3:00 PM a call to that number reached a recording for the medical services in-patient team. A message had to be left. There was no live operator to speak with to make an appointment to see Physician #1 for follow-up.</p> <p>On 01/26/09 at 3:10 PM, the Complainant indicated the patient was discharged from the facility without instructions to monitor Coumadin and INR levels on a daily basis until the INR was greater than 2. The patient was not provided with the name of the lab the patient needed to use to have daily INR blood levels drawn. As a result there was a 3 day delay in obtaining blood work for INR levels. There was no physician responsible for monitoring the patients INR levels. The Complainant indicated the phone number given for Physician #1 for follow-up was to a medical services answering service. The Complainant indicated this caused a delay in</p>	S 153	<p>These reviews will continue for at least 90 days or until compliance is met at 100% Periodic validation reviews will continue thereafter. Findings from the reviews will be shared with the IMC nursing staff by Nursing Director.</p> <p><i>Individual(s) responsible:</i></p> <p>Nursing Director IMC – Nursing Director Case Management – Case Management Director Pharmacy – Pharmacy</p> <p><i>Date of Completion:</i></p> <p>Case Management Education: 4/23/09 IMC Nursing Staff Education: 4/24/09 Chart Audits – ongoing. Results will be reported monthly until 100% compliance then periodically thereafter. (Implementation 5/1/09).</p>		

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S 153	<p>Continued From page 4</p> <p>obtaining an appointment with a physician who could monitor the patients INR levels.</p> <p>There was no documentation on the Patient/Family Discharge Instruction form that indicated the patient or family member received instructions on Coumadin and Aspirin medication anticoagulant therapy.</p> <p>There was no documentation on the discharge instructions that indicated the patient was instructed by the discharge nurse to follow physicians instructions to monitor his INR (international normalized ratio) on a daily basis until his INR was greater than 2.</p> <p>There was no documentation on the discharge instruction form that indicated the patient or family member was notified of the name of the lab the patient needed to use to have daily INR blood levels drawn.</p> <p>There was no documentation on the discharge instructions that indicated what physician was responsible for monitoring the patients INR blood levels which were needed until the patients INR level was greater than 2. ( INR therapeutic normal values 2 to 3.5)</p> <p>The facilities Discharge Communication Policy and Procedure revised 12/05, included under Procedure: " All disciplines will provide concise documentation in the medical record of any assessment and recommendations for the treatment or discharge of the patient. This includes any contracted outside Case Management/Utilization Review company that provides an on site component to their services."</p> <p>"Contracted outside on site CM ( Case Manager)</p>	S 153		

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S 153	<p>Continued From page 5</p> <p>UR (Utilization review) company staff will discuss assessment and discharge plan for their client and patient with facility case manager and charge nurse, or bedside R.N. (registered nurse) assigned to that particular unit. This discussion will occur prior to documentation in the medical record and will include the patients mode of transportation for discharge."</p> <p>"A plan considered appropriate and safe by the outside CM/UR facility case manager, charge nurse and bedside R.N. will then be documented on the medical record by the outside on site case manager/utilization review company staff member. The outside on site case manager will verify the discharge plan with the patient."</p> <p>"At the time of discharge, the facility charge nurse will verify that the patient has received discharge instructions. They will also ensure that all IV (intravenous) lines or drainage tubes necessary for continuing care are in place or have been discontinued per doctors orders. Additionally they will verify that all services/durable medical equipment have been ordered and delivered. Transportation plans will be confirmed."</p> <p>"It will be the discharging unit nurses responsibility to contact the appropriate case manager if services, equipment or transportation are lacking."</p> <p>Severity: 2 Scope: 1</p> <p>Complaint # 20734</p>	S 153			

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